and 271 genes had low expression($p \leq 0.05, |logFC| > 1$). Gene ontology showed these genes belonged to 128 cellular components, and involved in 521 biological processes and 151 molecular functions. Analyzed by KEGG showed that these genes involved in 107 gene pathways. The results of RT-PCR analyzed with $2^{-\Delta\Delta Ct}$ method showed that compared to healthy people, the expression of CYP4F3 gene was 1.62 ± 0.27($p=0.006$), the expression of IL13RA1 gene was 1.11 ± 0.35($p=0.681$), and the expression of USP25 gene was 0.56 ± 0.07($p=0.003$).

CONCLUSIONS The results of RT-PCR were consistent with microarray results. The microarray can be used as the basis of selecting the pathogenic gene of myocardial infarction, and the abnormal expression of CYP4F3 or USP25 may take part in the process of the occurrence and development of myocardial infarction. It can be conjectured that the findings of this microarray may provide efficient strategies for prevention, diagnosis and treatment of myocardial infarction.

GW26-e0273

Relationship between thrombelastography test and routine platelet parameters in patients with acute coronary syndrome

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OBJECTIVES To evaluate the correlation between the thromboelastogram(TEG) and conventional platelet parameters and its effectiveness in determining the coagulation status in patients with acute coronary syndrome (ACS) undergoing percutaneous coronary intervention(PCI).

METHODS A total of 91 patients with ACS were enrolled. All patients received a loading dose of 300 mg clopidogrel and 300 mg aspirin followed by 75 mg clopidogrel and 100 mg aspirin daily pre-PCI. R time, alpha angle, K time, maximal amplitude(MA) and coagulation index(CI) were measured by TEG while routine platelet parameters were tested simultaneously 3 days after PCI.

RESULTS There were statistical differences in MA, platelet count (PLTs) and plateletcrit(PCT) among the three groups of ACS patients($P=0.008$, $P=0.016$, $P=0.007$). The PLTs is negatively correlated with K time($P=0.018$) and positively associated with alpha angle, MA and CI ($P=0.003$, $P=0.000$, $P=0.000$) respectively. The PCT is negatively correlated with K time($P=0.024$) and positively associated with alpha angle, MA and CI ($P=0.002$, $P=0.000$, $P=0.000$) respectively. Some MA values corresponding with platelet count beyond normal references remain in the normal range.

CONCLUSIONS There is relationship between TEG-based indicators and platelet parameters in ACS patients undergoing PCI. The combination of the two methods may help to monitor the coagulation status to ensure the security of antithrombotic therapy.

GW26-e4534

Stent Implantation Comparison of Early versus Selective PCI in Patients with NSTE-ACS: A Prospective Single Center Clinical Study

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OBJECTIVES To compare stent numbers and clinical outcomes in non-ST-segment elevation acute coronary syndrome (NSTE-ACS) patients undergoing early percutaneous coronary intervention (early PCI) and selective percutaneous coronary intervention (selective PCI) respectively.

METHODS In this prospective single center trial, 180 NSTE-ACS cases with indications of PCI in our unit were randomized to either an early (angiography and revascularization if appropriate $\leq$72 hr) or a selective invasive strategy (>72 hr after randomization). Major adverse cardiac events (MACE) at 30 - day and 6 - month follow-up was taken for comparative study.

RESULTS Patients number undergoing PCI in 2 groups had no significant difference ($P > 0.05$). However, there was a significant difference ($P < 0.05$) in the number of stent implantation between 2 groups and the stent number was negative correlation to the beginning time of PCI. The incidence rate of MACE (the combined incidence of death, reinfarction and / or recurrent ischemia) was similar in 2 groups ($P > 0.05$) at both 30 - day and 6-month follow-up.

CONCLUSIONS Selective PCI significantly reduce the number of stents in patients with NSTE-ACS.

GW26-e0267

The Prevalence of Depression and Anxiety in Patients with Acute Coronary Syndrome

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OBJECTIVES In the present study, the prevalence of depression and anxiety disorders were evaluated in patients with ACS using the self-rating depression scale (SDS) and the self-rating anxiety scale (SAS)

METHODS Patients admitted to department of cardiology at Daxing Hospital Capital University of Medical Science were recruited for ACS from October 2011 to June 2012. Exclusion criteria: Linguistic difficulties; Psychosis or dementia; paralysis; patients with severe systemic disease could not perform daily activities; severe, life-threatening medical conditions; New York Heart Association (NYHA) functional class IV; current alcohol or substance abuse. After signing of the informed consent form, the SDS and SAS screening questionnaire concerning depression and anxiety were administrated to the patients with ACS.

The Scores method was conducted based on the 20 item in SDS and SAS questionnaire, and the 4-degree scoring standard was used on basis of severity of each item, then the total score of the 20 items was obtained; the standard score was calculated through multiplying the total score by 1.25. These verity of depression was stratified into mild depression for 53-62 of the standard score, moderate depression for 63-72 and severe depression for more than 72. These verity of anxiety was stratified into mild anxiety for 50-59 of the standard score, moderate anxiety for 60-69 and severe anxiety for more than 69. By screening through SDS and SAS, depression and anxiety were identified among the patients with ACS.

RESULTS Overall, 318 patients were enrolled, of the 318 ACS patients consenting to the SDS and SAS screening procedure, 30.19% (96/318) had positive screen results during their stay at hospital. 23.59% (75/318) and 19.18% (61/318) had depression and anxiety in the patients with ACS respectively; 41.97% (40/96) of depressed patients had concomitant anxiety. Moderate-severe depression and moderate-severe anxiety had affected 6.92% (22/318) and 5.03% (16/318) of the patients following an ACS respectively.

CONCLUSIONS After ACS, 23.59%(75/318) and 19.18%(61/318) had depression and anxiety respectively; 41.97% (40/96) of depressed patients had concomitant anxiety.

GW26-e0707

Application of different methods for hemodynamic monitoring of acute inferior myocardial infarction

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OBJECTIVES To compare the hemodynamic monitoring effects of PCCO, Swan-Ganz and UCG in AMI.

METHODS A total 32 cases of acute inferior myocardial infarction were enrolled from July 2012 to January 2012 in the PLA general hospital. The 32 patients were hospitalized in CCU and underwent the PiCCO, the Swan-Ganz catheter and echocardiography hemodynamic monitoring. The research was divided into two parts, the first part is comparison of the PiCCO and the Swan-Ganz catheter in monitoring hemodynamic changes (The correlation analysis of hemodynamic parameters related with the changes of volume of rehydration fluids); The second part is the correlation analysis of PiCCO and echocardiography in monitoring hemodynamic changes (Monitoring the hemodynamic